

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09802709

FILING DATE

03-13-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2		1				
3	X	X				
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50						
TOTAL IND.	1	1				
TOTAL DEP.						
TOTAL CLAIMS	1	1				

	* 8-30-04 *		* 8-30-04 *		* 8-30-04 *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54	1					
55	1					
56	1					
57	1					
58	1					
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100						
TOTAL IND.	1	1				
TOTAL DEP.						
TOTAL CLAIMS	1	1				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS